Chapter 8

Inpatient Treatment Records

Section I
General

8-1. For whom prepared

a. An ITR will be prepared for--

(1) Every bed patient (military or civilian) in a fixed or field hospital, fixed health clinic, or convalescent center.

(2) Each liveborn infant delivered in one of those MTFs.

(3) CRO cases (para 3-17).

(4) NATO patients (para 8-4).

b. An ITR will not be prepared for--

(1) Stillbirths. (There will be no separate record made for the stillbirth. Forms and information pertaining to the stillbirth will be included in the mother's ITR.)

(2) MTFs supporting combat operations if the theatre surgeon or equivalent considers their use impractical and if DD Form 1380 has been approved for use.

c. For a nonfixed MTF using ITRs, instructions for preparation will be provided by the MEDDAC or MEDCEN in whose geographical area the nonfixed facility is operating. Disposition will be per AR 25-400-2.

8-2. Inpatient forms and documents

a. See chapter 3 for guidance concerning approval of forms and documents.

b. All ITR forms will be fastened into the proper DA Form 3444-series folder. During treatment, the forms will be arranged in the order prescribed by the MTF commander. When the patient is discharged or transferred, the forms will be arranged in the order in which they are listed in figure 8-1. The forms listed in figure 8-1 are available through normal publications supply channels. The same numbered forms will be grouped chronologically, except for laboratory and radiology reports, which will be filed in reverse chronological order. DA Form 4700 may be filed immediately after an SF or DA form when it is supplemental to that form (excluding SF 600). DA Form 4700 will

identify the SF or DA form in the lower right identification block following "Other". In all other instances, DA Form 4700 will be filed per figure 8-1.

(1) ITRs for previous admissions (except those already retired per AR 25-400-2) will be filed in the same folder. They will be put in reverse chronological order (the most recent admissions on top) and separated by locally devised dividers.

(2) All copies of ITRs transferred with a patient will be kept as a part of his or her current ITR. However, copies of forms from transferred records will not be interfiled with the forms of the current ITR.

c. Although administrative documents are not a part of the ITR itself, they should be filed in the ITR folder.

(1) The ITR will include a copy of any notification to an emergency addressee or next-of-kin (AR 600-8-1). It will also include copies of any reports to military or civil authorities, including birth and death certificates (AR 40-400). Copies of reports to military or civil authorities may not be available, for example, when made by telephone or by summary report form. In this case, the following information will be put in a memorandum for record:

(a) The fact and date of notification.

(b) The diagnostic terminology used.

(c) The name and title of the person notified. (The original memorandum for record will be filed in the ITR; a copy of it will be sent immediately to the patient's attending physician for his or her information.)

(2) When a patient executes an advance directive (durable power of attorney for health care, living will, etc.), it is his or her intent to communicate to health-care providers his or her wishes for what care he or she desires. These documents are not legal, binding documents. It is the patient's responsibility to ensure that copies of the advance directive are given to MTF personnel at each admission and/or creation of a new outpatient record. Advance directives should be filed with administrative documents on the left side of the folder in ITRs and on the right side of the folder in HRECs and OTRs.

(3) Unless authorized by this regulation, only documents prepared by authorized AMEDD personnel will be filed in the ITR. However, this restriction does not prohibit the use of other documents by attending physicians and does not prohibit the filing of other documents in the ITR as summaries or pertinent brief extracts. If filed, their source and the physician under whom they were prepared must be identified.

d. Identification procedures for fetal monitoring strips are provided in (1) through (5) below.

(1) Identify and file fetal monitoring strips in envelopes that can be filed efficiently in the standard fiberboard boxes that are used to retire records. (For example, two rows of 6 1/2- by 9 1/2-inch envelopes can be filed in these boxes.) Keep the strips on the obstetrical unit with the prenatal record until delivery.

(2) After delivery, put the information described in (a) through (d) below on the envelopes that contain the fetal monitoring strips. Put the data on the plate imprint to the left margin.

(a) Name and register number of infant. If the infant has not been named, record "baby boy" or "baby girl" with the last name.

(b) Sponsor's name and SSN.

(c) Name of MTF.

(d) Date of birth.

(3) Inside the envelope, file the additional locator card received from admissions and dispositions. Use this locator card when the fetal monitoring strips are retired.

(4) Record the infant's first name on the locator card or if not named, "baby boy" or "baby girl" with the last name.

(5) When the infant is discharged, send the monitoring strips to inpatient records.

e. Disposition procedures for fetal monitoring strips are provided in (1) through (6) below.

(1) The inpatient records section will maintain the fetal monitoring strips as a separate file; strips will be filed in register number sequence.

(2) The locator card received from admissions and dispositions with the monitoring strips will be stapled on the outside of the envelope or kept in a separate alphabetical file until the strips are retired.

(3) Medical records personnel will write the register number of the infant at the top of each envelope where it will be clearly visible when records are filed in boxes for retirement. The maximum use of filing space is possible when envelopes are arranged in two rows in the boxes.

(4) Fetal monitoring strips will be retained under the original register number of the infant and will not be brought forward to subsequent register numbers.

(5) Special cases are described in (a) through (d) below.

(a) Transfer of an undelivered patient. When an undelivered patient is transferred, copies of all fetal monitoring strips prepared are sent with the copy of the ITR of the patient.

(b) Transfer of newborn. When a newborn infant is transferred during initial hospitalization, a copy of the fetal monitoring strip is forwarded with the patient.

(c) Stillborn infants. Fetal monitoring strips for stillborn infants are filed under the register number of the mother.

(d) Other special cases. When it cannot be determined that prenatal care terminated in hospitalization or delivery, the outpatient fetal monitoring strips are sent to the inpatient medical records section. These strips are filed alphabetically and retired alphabetically in the last box of fetal monitoring strips being retired for that year. A locator card is also prepared for these strips, and "No Register Number" is entered on the card.

(6) Fetal monitoring strips will be retired in register number sequence (except as described in (5)(d) above). Locator cards will be retired in alphabetical order and shipped with the fetal monitoring strips.

f. The USAMEDCOM or the 18th Medical Command must approve filing fetal monitoring strips in microform, compact disc, or other format.

Section II
Initiating, Keeping, and Disposing of Inpatient Treatment Records

8-3. General

An ITR will be initiated when a patient is admitted or is a CRO case. (See para 3-17 for information on CRO cases.) The ITR will be prepared and reviewed per this regulation and locally established procedures.

8-4. North Atlantic Treaty Organization Standardization Agreement 2348 requirements

The ITRs of NATO personnel who are treated by Army MTFs are prepared in the same manner as ITRs for other patients. (This requirement also applies to DD Form 1380 and DD Form 602.) In addition, the policies listed in a and b below apply to NATO personnel.

a. Copies of an ITR and associated inpatient documents, including x-rays, will accompany a NATO member who is transferred to a hospital of another nation. When he or she is discharged from an Army MTF, the original ITR will be sent to his or her national military medical authority. (See AR 40-400, table 2-5, for a list of these authorities.) Sometimes DA Form 1380 or DD Form 602 (STANAG 2132) will be prepared as well as an ITR. If so, copies of these forms will go with the copy of the ITR. The original DD 602 should be stapled to the SF 502.

b. The amount of information put in an ITR should be standard for all forces. All items normally recorded for U.S. personnel will be recorded for NATO personnel. In addition, the marital status of the NATO member will be recorded.

8-5. Inpatient treatment records of absent-without-leave patients

The ITR of a patient who has been AWOL for 10 consecutive days will be closed and disposed of per file numbers 40-66f (military ITRs) and 40-66i (NATO personnel ITRs). (See AR 25-400-2 and table 2-1 of this regulation.)

8-6. Five-year inpatient treatment record maintenance

Medical centers will keep ITR files for 5 years. These centers are--

a. Brooke Army Medical Center, Fort Sam Houston, TX 78234-6200.

b. Fitzsimons Army Medical Center, Aurora, CO 80045-5550.

c. Madigan Army Medical Center, Tacoma, WA 98431-5055.

d. Tripler Army Medical Center, HI 96859-5000.

e. William Beaumont Army Medical Center, El Paso, TX 79920-5001.

f. Walter Reed Army Medical Center, Washington, DC 20307-5000.

g. Dwight David Eisenhower Medical Center, Fort Gordon, GA 30905-5650.
h. Womack Army Medical Center, Fort Bragg, NC 28307-5000.

8-7. Access and audit trail

Access must be given to ITRs on file or to cases having register numbers. In addition, a record audit trail must be kept. The two indexes described in a and b below will be kept for these purposes. When an automated database (for example, Automated Quality of Care Evaluation Support System (AQCESS) and CHCS) is used to consolidate the admission and disposition history of individual inpatients, a manual inpatient nominal index is no longer necessary.

a. Nominal index. The nominal index will include a card for each patient assigned a register number. Each card will list the patient's name, SSN with FMP, and register number. The cards will be filed alphabetically by last name. If the patient is transferred, the date of transfer and the name of the receiving MTF will be noted on the card. In the case of a readmission, information from previous admissions will be attached to or recorded on the current card. A manual nominal index is not required in those facilities maintaining AQCESS, CHCS, or other automated patient data systems.

b. Register number index. MEDDACs will maintain a register number index for 5 years. MEDCENS do not need to maintain this index because the ITRs are maintained at the MEDCEN for 5 years. The register number index will include a copy of DA Form 3647 for each patient assigned a register number. A copy of SF 502 (when prepared) may be attached to DA Form 3647. This index will be kept in register number sequence. For transfer cases, a copy of the transmittal form will be attached to DA Form 3647.

8-8. Disposition of inpatient treatment records

a. Inpatient transfer. When a patient is transferred to a U.S. Army MTF, to an Air Force or Navy MTF, or to a DVA Medical Center, a copy of the ITR will be sent along and will become a part of the receiving MTF's ITR (para 8-2b(2)). As a minimum, this copy should include SF 513, DD Form 2161, SF 504, SF 505, SF 506, SF 535, SF 517, SF 515, SF 509 (2 weeks prior to transfer), DA Form 3647 or CHCS automated cover sheet, SF 502, lab reports, and diagnostic reports (radiology, ultrasound, and echocardiography). When a patient is moved to another type of MTF, extracts, summaries, or copies of the ITR will be sent; the original ITR will be kept by the Army MTF and disposed of per AR 25-400-2, file numbers 40-66f (military ITRs), 40-66g (civilian ITRs), and 44-66i (NATO personnel ITRs). (See table 2-1.)

b. Microscope slide transfer. Copies of slides of surgical specimens will go with the ITR of a patient being transferred to another hospital. They will be sent when the histopathologic findings have a direct bearing on diagnosis and treatment. (See AR 40-31/BUMEDINST 6510.2F/AFR 160-55, para 14j.) In such cases, the attending physician will tell the patient administration division that the slides are to go with the patient. On the cover sheet, the patient administrator will enter "Copy of microscope slide (or number of microscope slides) forwarded with copy of ITR" and will then send the slides with the patient's records. If the patient is a "transient" (that is, en route to another hospital), the patient administrator will send the slides with the ITR when the patient departs.

c. Normal retirement procedures. For these disposition instructions, see AR 25-400-2, file numbers 40-66e (foreign national ITRs), 40-66f (military ITRs), 40-66g (civilian ITRs), and 40-66i (NATO personnel ITRs). (See table 2-1.)